

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <b>10/660374</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			2				Total Indep			
Total Depend			7				Total Depend			
Total Claims			9				Total Claims			